

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A96000002393

1. Entity Name
THE SCHUBERT HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business
2543 N.W. 64TH BLVD.
BOCA RATON, FL 33496

Mailing Address
2543 N.W. 64TH BLVD.
BOCA RATON, FL 33496



04192007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0716009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUBERT, HOWARD
2543 NW 64TH BLVD.
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME SCHUBERT, HOWARD
STREET ADDRESS 2543 NW 64TH BLVD.
CITY-ST-ZIP BOCA RATON, FL 33496

DOCUMENT #
NAME SCHUBERT, FLORENCE
STREET ADDRESS 2543 NW 64TH BLVD.
CITY-ST-ZIP BOCA RATON, FL 33496

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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

000000727121
05/04/07-80033-014 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/07 561-998-9444

STAPLE CHECK HERE